

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 868020

IA NUMBER: PCT/ IB99 / 01593

FAMILY NAME: AISA

GIVEN NAME: VALERIO

PRIORITY CLAIMED (Y/N): Y

NO BASIC FEE (Y/N): N

ATTORNEY DOCKET NUMBER: 108041-7

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000 FAX

RECEIPT DATE: 06 / 12 / 01

IA FILING DATE: ~~09~~ / 29 / 99

DELAY WAIVED (Y/N): Y

DEMAND RECEIVED (Y/N): Y

PRIORITY DATE: ~~09~~ / 30 / 98

US DESIGNATED ONLY (Y/N): N

COUNTRY:

NAME: PATRICIA A SHEEHAN

CESARI AND MCKENNA

STREET: 88 BLACK FALCON AVENUE

CITY: BOSTON

STATE/COUNTRY: MA ZIP: 02210

EMAIL:

APPLICATION TITLES: SYSTEM FOR PROGRAMMING A HOUSEHOLD APPLIANCE HAVING AN ELECTRONIC CONT

ROL

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5481

SERIAL NUMBER 09/868,020	FILING DATE 06/12/2001 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 108041-7	
APPLICANTS Valerio Aisa, Fabriano, ITALY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IB99/01593 09/29/1999 <i>CSB</i> ** FOREIGN APPLICATIONS ***** ITALY T098A000822 09/30/1998 <i>CSB</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>CSB</i> Examiner's Signature Initials		STATE OR COUNTRY ITALY	SHEETS DRAWING 3	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 1
ADDRESS Patricia A Sheehan Cesari and McKenna 88 Black Falcon Avenue Boston ,MA 02210					
TITLE System for programming a household appliance having an electronic control					
FILING FEE RECEIVED 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		